

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	J.B.	713	8/31/00 10/05/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	W.L.	571	
RESPONSE FORMALITY REVIEW			

09/643333

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
12	5
25	1
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Claim	Date
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Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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